



ALVIN
COLLEGE
Grade Appeal Form

Date _____

Student Name _____ Student ID _____

Telephone _____ Alvin College Email _____

Have you read the Grade Appeal Policy in the Catalog? YES _____ NO _____

(If NO, please read the policy before completion of this form.)

Course Information (e.g. BIOL 1420.01) _____

Semester/Year (e.g. Fall 2019) _____

Faculty _____

(first and last name)

1. Have you attempted to resolve the final grade dispute with the faculty member?

YES _____ NO _____

(If you answered NO to the question above, please contact your faculty member and try to resolve the dispute. The Dean cannot proceed until this attempt has been reasonably made.)

2. Date and method of last contact with the instructor of the course.

3. What was the outcome of the meeting with your instructor?

4. State specifically the grade that you received, the expected grade you feel you earned, and the action that you would like to see taken.

5. Below are the four general reasons that students can file a grade appeal disputing their final grade. Please provide your rationale for any of the reasons below. You may have more than one reason and that is acceptable; answer in all of the relevant sections for your appeal. Please attach any additional documentation that you believe supports your appeal. (*Use additional pages if more space is needed.*)

a. If your appeal is based upon a deviation from the syllabus or Alvin College Board Policy, please explain here:

b. If your appeal is based upon grade calculation errors, please explain here:

c. If your appeal is based upon the disparate treatment of a student other than those addressed by Title IX processes, please explain here:

d. If your appeal is based upon an inappropriate grade penalty for academic dishonesty, please explain here:

Student's Signature _____ Date _____

*Send completed forms to trios@alvincollege.edu so they can be routed to the appropriate Dean.

For Office Use Only:

Appeal Granted Appeal Denied

Reviewer _____ Date _____